



ACKNOWLEDGEMENT OF NOTIFICATION
OF REGULATED WASTE ACTIVITY
(VERIFICATION)

04
10/23/90

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ TXD988018883 10/18/1990

INSTALLATION ADDRESS

EXXON CO USA #69411
POOL ALDA-S
PO BOX 4415
HOUSTON TX 77210

9094 GUILBEAN & TEZEL
SAN ANTONIO TX 78250

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received

(For Official Use Only)

OCT 3 1990

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

TX 6966078553

II. Name of Installation (Include company and specific site name)

EXXON CO USA #69411

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

9094 GWILBEAU + TEZEL

Street (continued)

City or Town

SAN ANTONIO

State

ZIP Code

TX 78250 -

County Code

County Name

029 BEXAR

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

P O BOX 4415

City or Town

HOUSTON

State

ZIP Code

TX 77210 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

POOL

(first)

AL JAS

Job Title

STAFF ASSISTANT

Phone Number (area code and number)

713-656-7709

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

EXXON CO USA

Street, P.O. Box or Route Number

P O BOX 4415

City or Town

HOUSTON

State

ZIP Code

TX 77210 - 4415

Phone Number (area code and number)

713-656-7767

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

P

P

Yes

No

X

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities	
1. Generator (See instructions)	<input type="checkbox"/>	1. Off-Specification Used Oil Fuel	<input type="checkbox"/>
a. Greater than 1000 kg/mo (2,200 lbs.)	<input type="checkbox"/>	a. Generator Marketing to Burner	<input type="checkbox"/>
b. 100 to 1000 kg/mo (220 - 2,200 lbs.)	<input type="checkbox"/>	b. Other Marketing	<input type="checkbox"/>
<input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/>	c. Burner - Indicate device and Type of Combustion Device	<input type="checkbox"/>
2. Transporter (Indicate Mode in boxes 1-5 Below)	<input type="checkbox"/>	1. Utility Boiler	<input type="checkbox"/>
a. For own waste only	<input type="checkbox"/>	2. Industrial Boiler	<input type="checkbox"/>
b. For commercial purposes	<input type="checkbox"/>	3. Industrial Furnace	<input type="checkbox"/>
Mode of Transportation	<input type="checkbox"/>	4. Industrial Furnace	<input type="checkbox"/>
1. Air	<input type="checkbox"/>	5. Underground Injection Control	<input type="checkbox"/>
2. Rail	<input type="checkbox"/>		
3. Highway	<input type="checkbox"/>		
4. Water	<input type="checkbox"/>		
5. Other - specify	<input type="checkbox"/>		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

Ignitable (D001)	Corrosive (D002)	Reactive (D003)	EP Tox (D004)	Other EPA hazardous waste number(s) or the EPA Toxic Substances Act
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D005

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

C.H. CRUTCHFIELD, ENGINEER

Date Signed

9/21/90

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)